

CITY OF CHULA VISTA CHULA VISTA POLICE DEPARTMENT

POLICE CONTROLLED LICENSE ICE CREAM TRUCK RENEWAL



CG 04/19

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Last	First		Middle	
Street		City	State	Zip
				
	-		rth:	
•		Race:		Sex:
Permit Ex	xpiration Date:			
TED IN THE PAST 12 MONTHS	S (CIRCLE ONE):	YES	NO	
(If yes, please list on th	e back side of this	application)		
d, with this application, to ren	ew your ice cream	truck permit:		
	•	•		
2" photo taken within the las	t six months	•		
alid driver's license				
current Department of Motor	Vehicle registratio	n		
current vehicle insurance card				
	mbol			
nula Vista Business License				
			ED LICENSE/E	DEDIMIT
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SIVI NOVIDED ON THIS ALTER	errior is inderin	VD COMMECT.		
Signature of Applicant		Date		
N OF ANY INFORMATION ON	THIS FORM IS GRO	OUNDS FOR DISQUAL	IFICATION	
COD OCCI	ICIAL LICE ONLY			
FOR OFFI	ICIAL USE ONLY			
FOR OFFI Application Date			ARJIS:	
	e:		ARJIS: SRFERS:	
Application Date	e: y:	Date:		
	Last Street Driver's License # Eye Color: Permit Ex TED IN THE PAST 12 MONTHS (If yes, please list on the senewal fee (checks are made 2" photo taken within the last alid driver's license urrent Department of Motor urrent vehicle insurance card pepartment of Health card/synula Vista Business License ALL FEES ARE E IN THE CITY OF CHULA VISTON PROVIDED ON THIS APPLICATION PROVIDED ON THIS APPLICATION APPLICATION PROVIDED ON THIS APPLICATION PR	Last First Cell Ph Driver's License #: Eye Color: Hair Color: Permit Expiration Date: TED IN THE PAST 12 MONTHS (CIRCLE ONE): (If yes, please list on the back side of this department of the city 2" photo taken within the last six months alid driver's license urrent Department of Motor Vehicle registration urrent vehicle insurance card Department of Health card/symbol and Vista Business License ALL FEES ARE NON-REFUNDABLE IN THE CITY OF CHULA VISTA WITHOUT A VALON PROVIDED ON THIS APPLICATION IS TRUE ANd the content of the provided of the city of the content of the co	Street Cell Phone #: Driver's License #: Eye Color: Hair Color: Race: Permit Expiration Date: TED IN THE PAST 12 MONTHS (CIRCLE ONE): YES (If yes, please list on the back side of this application) I, with this application, to renew your ice cream truck permit: Enewal fee (checks are made payable to the City of Chula Vista) 2" photo taken within the last six months alid driver's license urrent Department of Motor Vehicle registration urrent vehicle insurance card Department of Health card/symbol Inula Vista Business License ALL FEES ARE NON-REFUNDABLE. E IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLE ON PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.	Last First Middle Street City State Cell Phone #: Driver's License #: Date of Birth: Eye Color: Hair Color: Race: Permit Expiration Date: TED IN THE PAST 12 MONTHS (CIRCLE ONE): YES NO (If yes, please list on the back side of this application) I, with this application, to renew your ice cream truck permit: Inewal fee (checks are made payable to the City of Chula Vista) 2" photo taken within the last six months alid driver's license urrent Department of Motor Vehicle registration urrent vehicle insurance card Department of Health card/symbol rula Vista Business License ALL FEES ARE NON-REFUNDABLE. E IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLLED LICENSE/P DIN PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.